

## OUTPATIENT DRUG FREE

<b>Client Name:</b>	<b>Client Identification #:</b>
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## PROGRESS NOTES

(Individual narrative summaries include a description of the beneficiary's progress listed on the treatment plan problems, goals, action steps, objectives, and/or referrals. The counselor must sign and date each entry.)

[illegible]

Disclaimer: The use of this form is not required by the State of California, Department of Alcohol and Drug Programs. This is a tool for Drug Medi-Cal providers, which meets the specific requirements necessary for documentation under Title 22, California Code of Regulations, Section 51341.1(h)(5)(A). This form also includes requirements of the California Standards for Drug Treatment Programs (Revised September 1982); and Alcohol and/or Other Drug Program Certification Standards (March 15, 2004). Clinical and/or program information may be added to this form; however, we caution you to consider whether those additions would conflict with the basic requirements contained within this document or result in not fully meeting the requirements of the regulations.